

Attention !!!

This form requires special handling.

Procedures contained in Publication 1167
(Catalog #47013F), *Substitute Printed, Computer-
Prepared, and Computer-Generated Tax Forms
and Schedules*, or other Revenue Procedures
which govern the distribution or reproduction
of specialty products may apply.

Form

Department of the Treasury
Internal Revenue Service

Annual Return of Withheld Federal Income Tax

► For withholding reported on Forms 1099 and W-2G.

► See separate instructions. For more information on income tax withholding, see Circular E.

4545

Please type or print.

OMB No. 1545-1430

1994

Enter state
code for
state in
which
deposits
made. (see page 3
of
instructions).

Name (as distinguished from trade name)

Employer identification number

Trade name, if any

Address (number and street)

City, state, and ZIP code

IRS USE ONLY

T

FF

FD

FP

1

I

If address is different from prior return, check here ►

IRS Use

If you do not have to file returns in the future, check here ☐ and enter date final payments paid

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1		
2	Backup withholding	2		
3	Total taxes (add lines 1 and 2). This must equal line 7M below or line M of Form 945-A . . .	3		
4	Total deposits for 1994 from your records	4		
5	Balance due (subtract line 4 from line 3). Pay to the Internal Revenue Service (See instructions.)	5		

6 Overpayment, if line 3 is less than line 4, enter overpayment here ► \$ _____ and check if to be:

☐ Applied to next return **OR** ☐ Refunded

- **All filers:** If line 3 is less than \$500, you need not complete line 7 or Form 945-A.
- **Semiweekly depositors:** Complete Form 945-A and check here
- **Monthly depositors:** Complete line 7, entries **A** through **M** and check here

7 Monthly Summary of Federal Tax Liability

		Tax liability for month				Tax liability for month	
A	January			F	June		
B	February			G	July		
C	March			H	August		
D	April			I	September		
E	May			J	October		
						K	November.
						L	December.
						M	Total liability for year (add lines A through L).

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ►

**Print Your
Name and Title ►**

Date ►

For Paperwork Reduction Act Notice and instructions for completing this form, see separate instructions.

Cat. No. 14584B

Form **945** (1994)

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